**Trial Work Experience Assessment**

Consumer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Number: \_\_\_\_\_\_\_\_\_\_\_ Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Assessment: \_\_\_\_\_\_\_\_\_\_ Assessment Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Hours: \_\_\_\_\_\_\_\_\_\_\_\_

**­­**

 **\*Document observations of consumer’s work performance to include the following:**

Is the time of day a factor? Yes\_\_\_\_\_ or No\_\_\_\_\_

Explain.

List strengths applicable to this position:

List supports needed to perform job duties:

How long can consumer work without a break?

What is consumer’s optimum number of work hours for this position?

List positive factors in the work environment:

List negative factors in the work environment:

Summary of observations:

Is another community based assessment recommended? Yes\_\_\_\_\_ or No\_\_\_\_\_
Is so, why and what type:

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_